PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999													
CLAIMS AS FILED - PART I (Column 1) (Column 2)						ımn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FC	)R	NUMBE	ER FILED	.	NUMBER I	EXTRA	RA		FEE	ٔ ٦	RATE	FEE	
BA	SIC FEE							for et		345.00	OR		690.00
TO	OTAL CLAIMS		110	O minus 20= * 90				X\$	9=		OR	X\$18=	1620
INDEPENDENT CLAIMS ( ) minus 3 = * 7						X3:	9=		OR	X78=	546		
MU	MULTIPLE DEPENDENT CLAIM PRESENT							+13	30=		OR		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2					olumn 2	TOT		<u> </u>	OR		2876	
	С			MENDED				~**	~ •			OTHER	THAN
—			lumn 1) Laims	expension de la		Column 2) HIGHEST	(Column 3)	SMA	1LL I	ENTITY	OR	SMALL	
AMENDMENT A		REM AF	MAINING FTER NDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**		=	X\$ 9	9=		OR	X\$18=	
AME	Independent FIRST PRESE	*	ON OF MI	Minus	***		=	X39	)=		OR	X78=	
	FINOI FALUE	NIAIR	JN OF INC	JUIPLE DE	'EINL	ENT CLAUVI		+130	0=		OR	+260=	
								TC ADDIT.	OTAL FEE			TOTAL ADDIT. FEE	
	a constraint and the second		lumn 1)			Column 2)	(Column 3)	/ <del>12</del> _	' <b>-</b>			NOD =	
IENT B		REM AF	LAIMS MAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total	*		Minus	**		=	X\$ 9	Э=		OR	X\$18=	
\$	Independent	*		Minus ,	***	TO AIRA	=	X39	)=		OR	X78=	
	FIRST PRESE	NIAIR	)N OF IVIO	LIPLE DEF	'END	ENT CLATIVI		+130	O=	,	OR	+260=	
								TO	TAL		┧╓╏	TOTAL	
	<u></u>		umn 1)		<u>(C</u>	Column 2)	(Column 3)	ADDIT. I	ř <b>t</b> t 🛚		1 ,	ADDIT. FEE	
ပ		CL	AIMS IAINING	多类的	-	HIGHEST NUMBER			$\neg$	ADDI-	1 [		ADDI-
<b>—</b>		AF	FTER NDMENT		PR	REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE:	TIONAL
AMENDMEN	Total	*		Minus	**		=	X\$ 9	)= (		OR	X\$18=	
AME	Independent	*		Minus	***		=	X39:	_		OR	X78=	
	FIRST PRESEI	NTATIC	ON OF MU	LTIPLE DEP	'END	ENT CLAIM			-		l f		
• 11	f the entry in colum	mn 1 is l	less than th	e entry in colu	mn 2,	write "0" in col	. ! lumn 3.	+130			OR	+260=	
** (f	f the "Highest Nun If the "Highest Nur	mber Pre Imber Pre	eviously Pai eviously Pa	aid For" IN THIS aid For" IN THIS	S SPA S SPA	ACE is less than ACE is less thar	n 20, enter "20." In 3, enter "3."	ADDIT. F	_		_	TOTAL ADDIT. FEE	
T	he "Highest Num"	ber Pre	viously Paid	J For" (Total or	Inder	pendent) is the	highest number fo	ound in th	е арр	ropriate bo	x in colu	umn 1.	

Application or Docket Number

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	09	6439	65	
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FORM OIPE-RAM-01 (Rev. 12/97)

## Total Fee Calculation

	Fee Code	Tawl # Claims	Number Extra	Х	Fee	Fee	•	Total
	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101	•						69.0
Total Claims >20	203/101	110 .20.	90	х	<del></del>		<u>.</u>	1620
Independent Claims >3	202/102	10 .;.		Х	<del></del>		,	546
Mult. Dep Claim Present	204/104				·		3	
Surcharge	205/105							65/130
English Translation	_139 .							
TOTAL FEE CALCULA	ATION						•	<u> 2980</u>
Fees due upon filing t	he application:							
Total Filing Fees Due	= 5	2984		_		•	_	
Less Filing Fees Subm	iiπed ·- \$	0					-	
BALANCE DUE	= \$	2984		_				
SMC Office of Initial Patent	Examination	<del></del>						
		Fig	ure 7			-		